

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33743
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 231
 (c) City Nevada or (d) Street No. Nevada City Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William R. Capps
 (a) Residence, No. Monroeville, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 7 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada, Mo

FATHER
 13. NAME Clarence Capps
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
 15. MAIDEN NAME Edna Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Harold Taylor (ADDRESS) Monroeville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilbourn Cemetery DATE Sept 10, 1939

19. FUNERAL DIRECTOR (NAME) Tracy Funeral Home (ADDRESS) Nevada, Mo

20. FILED Sept 10, 1939 Allen V. Rapp Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1939

22. I HEREBY CERTIFY That I attended deceased from 9-2-39 to 9-8-39
 I last saw him alive on 9-2-39. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
1st & 2nd degree burns - crushing lower 3/4 of trunk of thighs.

Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis? EC Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accidental Date of injury 9-2-39
 Where did injury occur Monroeville, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. At home

Manner of injury Accidental
 Nature of injury 1st & 2nd degree Burns

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Alfred H. [Signature] M. D.
 (Address) Nevada, Mo

RECEIVED

District Health Officer No. 7;
District File Number 7-39-1456
Date Filed 10-11-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Personally
....., Registered Apprentice No.

working under my personal supervision.

Signed Lloyd B. Wainwright
Licensed Embalmer No. 3867
P. O. Address: Spurada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.